12/02/2008 15:21

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Mutual Insurance Companies PAC 3601 Vincennes Road ADDRESS (number and street) PO Box 68700 Check if different than previously Indianapolis IN 46268 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00170258 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 04 2008 IN 11 Election on State of 10 16 2008 24 2008 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Gregg Dykstra Type or Print Name of Treasurer Electronically Filed by Gregg Dykstra 12 02 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

F	eport Covering the Period: From:	16 2008	To: D D D 2 4 2 0 0 8
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž008 Y Y		172208.42
	(b) Cash on Hand at Begining of Reporting Period	49924.41	
	(c) Total Receipts (from Line 19)	7213.86	202188.23
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57138.27	374396.65
7.	Total Disbursements (from Line 31)	30524.25	347782.63
3.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	26614.02	26614.02
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00]
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00]

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

2^D4 м м 1 0 1 6 2008 м м 1 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 125269.07 5143.37 (i) Itemized (use Schedule A) 2063.26 40911.93 (ii) Unitemized (iii) TOTAL (add 7206.63 166181.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 36000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 7206.63 202181.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 7.23 7.23 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 7213.86 202188.23 12, 13, 14, 15, 16, 17, and 18(c))

7213.86

202188.23

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	4024.25	4957.63
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	4024.25	4957.63
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committeesand Other Political Committees	24000.00	338000.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	1250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1250.00
9.	Other Disbursements	2500.00	3575.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30524.25	347782.63
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	30524.25	347782.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	7206.63	202181.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7206.63	200931.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4024.25	4957.63
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4024.25	4957.63

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) National Association of Mutual Ins	und Statements may not be sold or used by any person g the name and address of any political committee to so urance Companies PAC	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700 C	Transaction ID: c61f90cd6ebe80f729e Amount of Each Receipt this Period 75.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify) ▼	Occupation Vice President of State and Regulatory Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700		Date of Receipt 1 0 2 7 2 0 0 8
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700	Transaction ID: 2c1dde605cee0a7a98 Amount of Each Receipt this Period 75.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Vice President of State and Regulatory Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Neil Alldredge Mailing Address Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700 C	Transaction ID: db61b18fdeaec58d8a4 Amount of Each Receipt this Period 75.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Vice President of State and Regulatory Aggregate Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (option	al)	225.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 50 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
National Association of Mutual Insur	ance Companies PAC	
Full Name (Last, First, Middle Initial) Neil Alldredge		Date of Receipt
Mailing Address Box 68700		11 21 2008
City <u>Indianapolis</u>	State Zip Code IN 46268-0700	Transaction ID: 53e95d4828119a25 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer National Association of Mutual Insuran	Occupation Vice President of State and Regulato	ry
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
Mailing Address PO Box 68700		10 20 7 2008
City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: 5828d47e03d39ef2d Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Senior VP - Member Services & Com	 nmunic
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00]
Full Name (Last, First, Middle Initial) Bart Anderson		Date of Receipt
Mailing Address PO Box 68700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: a2e92aada86025af0 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran	Occupation Senior VP - Member Services & Com	ımunic
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SURTOTAL of Receipts This Page (ontional)		115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Inst	nd Statements may not be sold or used by any perso the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700	Transaction ID: 9135804a2ea354df4b6 Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify)	Occupation Senior VP - Member Services & Comparing Aggregate Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) Bart Anderson Mailing Address PO Box 68700		Date of Receipt 1 1 2 1 2 0 0 8
City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700	Transaction ID: 347ba8204b8bd3394a Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify)	Occupation Senior VP - Member Services & Com Aggregate Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth	State Zip Code MI 48734	Transaction ID: 3704b93020ac551597 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company Receipt For: Primary General Other (specify)	Occupation President & COO Aggregate Year-to-Date 2653.97	115.39
SUBTOTAL of Receipts This Page (optional	J)	155.39

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 50 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Mutual Insura	nce Compar	nies PAC	
١.	Full Name (Last, First, Middle Initial) John S. Benson Mailing Address One Mutual Avenue			Date of Receipt
	City	State	Zip Code	1 1 0 3 2 0 0 8 Transaction ID: 048d47d3f8a6cce7b58
	<u>Frankenmuth</u>	MI	48734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Presiden	n t & COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2653.97	
_	Full Name (Last, First, Middle Initial) John S. Benson			Date of Receipt
	Mailing Address One Mutual Avenue			11 17 2008
	City	State	Zip Code	Transaction ID: 79808824fad9f95dca8
	Frankenmuth	MI	48734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		115.39
	Name of Employer Frankenmuth Mutual Insura- nce Company	1	t & COO	
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		2653.97	
	Full Name (Last, First, Middle Initial) Marsha Brown			Date of Receipt
	Mailing Address PO Box 68700			10 20 7 9 9 9
	City	State	Zip Code	Transaction ID: 23ca9f0c5a1d81fedaa
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			12.50
	Name of Employer National Association of Mutual Insuran	, ' 	ory Affairs Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		243.28

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 50 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insur	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Regulatory Affairs Counsel Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Regulatory Affairs Counsel Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marsha Brown Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Regulatory Affairs Counsel Aggregate Year-to-Date 300.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		37.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/50 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Insu		· ·	
Full Name (Last, First, Middle Initial) Charles M. Chamness			Date of Receipt
Mailing Address PO Box 68700			10 20 2008
City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: f28e3c47a0025bfc0e Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Presiden Aggregate		
Full Name (Last, First, Middle Initial) Charles M. Chamness Mailing Address PO Box 68700	'		Date of Receipt
City	State	Zip Code	1 0 2 7 2 0 0 8 Transaction ID: 8a1f7953e37390766
<u>Indianapolis</u>	IN	46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer National Association of Mutual Insuran	Occupatio Presiden	t & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.00]
Full Name (Last, First, Middle Initial) Charles M. Chamness			Date of Receipt
Mailing Address PO Box 68700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 04c6fa28ac003081c Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10200 0700	90.00
Name of Employer National Association of Mutual Insuran	Occupatio Presiden	t & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.00]
SUBTOTAL of Receipts This Page (optional	J)		270.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 50 (check only one) X 11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insura	ance Compar	nies PAC	
ب 4.	Full Name (Last, First, Middle Initial) Charles M. Chamness			Date of Receipt
	Mailing Address PO Box 68700			11 21 2008
	City	State	Zip Code	Transaction ID: 0fd666ad8b4a08e60d7
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer National Association of Mutual Insuran	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2115.00	
_ 3.	Full Name (Last, First, Middle Initial) Rebekah L. Deters			Date of Receipt
	Mailing Address PO Box 207			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: f6f7d2dccb468f80f1b
	Teutopolis	IL	62467-0207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Home Farmers Mutual Fire Insurance Com	Occupation Office M		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	7
_	Full Name (Last, First, Middle Initial)			
Э.	Robert Detlefsen Mailing Address PO Box 68700			Date of Receipt 1 0 2 0 2 0 8
	City	State	Zip Code	Transaction ID: a0fb8ddfc7e22180e2a
	Indianapolis	IN	46268-0700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer National Association of Mutual Insuran	Occupation Vice Pres	n sident - Public Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 905.00	
	SUBTOTAL of Receipts This Page (optional) .			360.00

City State Zip Code IN 46268-0700	SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 50 (check only one) X 11a
A. Full Name (Last, First, Middle Initial) Robert Detelsten Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 Full Name (Last, First, Middle Initial) Robert Detelsten Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. C Date of Receipt 1 1 0 7 2 2 0 0 0 Transaction ID: 30285ad70b51d Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1 1 0 0 7 2 0 0 0 Transaction ID: 30285ad70b51d Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 30285ad70b51d Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt 1 1 0 7 7 2 0 0.0 Transaction ID: 30285ad70b51d Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 Transaction ID: 20266ad70b51d Amount of Each Receipt this Period Date of Receipt 1 1 0 0 7 2 0 0.0 T	or for commercial purposes, other than	orts and Statements mand ad	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Robert Detelsen Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	National Association of Mutua	l Insurance Compaı الم	nies PAC	
City State Zip Code Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Agregate Year-to-Date ▼ Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Amount of Each Receipt this Period Transaction ID: 511c13c51ed0fd Transaction ID: 511c13c5		l)		Date of Receipt
Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	Mailing Address PO Box 6870	0		
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (Last, First, Middle Initial) Robert Detectary National Association of Mutual Insuran Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. C. Primary General Other (specify) ▼ Date of Receipt Transaction ID: 30285ad70b574 Amount of Each Receipt this Period Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ C. State Zip Code IN 46268-0700 FEUI Name (Last, First, Middle Initial) Robert Detection Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 2051c78a189998 Amount of Each Receipt this Period Transaction ID: 2051c78a189998 Amount of Each Receipt this Period Transaction ID: 2051c78a189998 Amount of Each Receipt this Period Transaction ID: 2051c78a189998 Amount of Each Receipt this Period Transaction ID: 2051c78a189998 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Amount of Each Receipt this Period Transaction ID: 2051c78a189983 Transaction ID: 2051c78a189983 Transaction ID: 2051c78			·	Transaction ID: b11c13c51ed0fd3c165
Mutual Insuran Receipt For: Primary	FEC ID number of contributing		40200-0700	20.00
Primary General Other (specify) ▼ 905.00 Full Name (Last, First, Middle Initial) Robert Detletsen	Mutual Insuran	Vice Pre	esident - Public Policy	
Robert Detlefsen Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Name of Employer National Association of Mutual Insuran Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 Date of Receipt This Period Transaction ID: 30285ad70b51d Amount of Each Receipt this Period Post of Packeting Primary Date of Receipt Transaction ID: 20.00 Date of Receipt Transaction ID: 20.00 Amount of Each Receipt Transaction ID: 20.00 Transaction ID: 20.00 Transaction ID: 20.00 Transaction ID: 20.00 Amount of Each Receipt Transaction ID: 20.00 Transaction ID: 20.00 Transaction ID: 20.00 Amount of Each Receipt Transaction ID: 20.00 Transaction ID: 20.00 Transaction ID: 20.00 Transaction ID: 20.00 Amount of Each Receipt Transaction ID: 20.00 Tr	Primary General	Aggregat		
City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	,	l)		Date of Receipt
Indianapolis IN 46268-0700 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Detlefsen Mailing Address PO Box 68700 FEC ID number of contributing federal political committee. Pagregate Year-to-Date ▼ Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Amount of Each Receipt this Period Primary General Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period	Mailing Address PO Box 6870	0		
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	· ·		•	Transaction ID: 30285ad70b51db0be5f
Mutual Insuran Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Robert Detlefsen Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Vice President - Public Policy Aggregate Year-to-Date ▼ Occupation Vice President - Public Policy Aggregate Year-to-Date ▼	FEC ID number of contributing		46268-0700	Amount of Each Receipt this Period 20.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Robert Detlefsen Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Primary General 905.00 Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period 20.00	Mutual Insuran	Vice Pre	esident - Public Policy	
C. Robert Detlefsen Mailing Address PO Box 68700 City State Zip Code Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Date of Receipt Transaction ID: 2b61c78af899e3 Amount of Each Receipt this Period 20.06	Primary General	Aggregat		
Mailing Address PO Box 68700 City State Zip Code Transaction ID: 2b61c78af899e3 Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. C 20.06 Name of Employer National Association of Mutual Insuran Receipt For: Primary General Aggregate Year-to-Date ▼])		Date of Receipt
Indianapolis IN 46268-0700 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20.00 Name of Employer National Association of Mutual Insuran Receipt For: Occupation Vice President - Public Policy Primary General		0		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General C 20.00 C Aggregate Year-to-Date	•		•	Transaction ID: 2b61c78af899e384e6e
Name of Employer National Association of Mutual Insuran Primary General Occupation Vice President - Public Policy Aggregate Year-to-Date Possible 100 Aggregate Year-to-Date	•		46268-0700	
Mutual Insuran Receipt For: Primary General Vice President - Public Policy Aggregate Year-to-Date ▼		C		20.00
Primary General	Mutual Insuran	Vice Pre	esident - Public Policy	
	Primary General	Aggregat		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any persor the name and address of any political committee to surrance Companies PAC	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Gregg A. Dykstra Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700 C	Transaction ID: d7fa9ffcff0d3c63ceb Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify)	Occupation Senior Vice President-Internal Operati Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Gregg A. Dykstra Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700	Transaction ID: c589a707f60cb0dc876 Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Senior Vice President-Internal Operati Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Gregg A. Dykstra Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700 C	Transaction ID: 889e4484e9a47ceafe8 Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Senior Vice President-Internal Operati Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	l) >	60.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 50 (check only one) X
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold or used by any pen using the name and address of any political committee al Insurance Companies PAC	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initi Gregg A. Dykstra Mailing Address PO Box 6870		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700	Transaction ID: 2acf94029ee38dce5e0 Amount of Each Receipt this Period
Federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Vice President-Internal Ope Aggregate Year-to-Date 480.00	erati
Full Name (Last, First, Middle Initi Fred A. Edmond Mailing Address One Mutual	<u>'</u>	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: a1998bb25b552baa3c
Frankenmuth	MI 48734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 895.38	
Full Name (Last, First, Middle Initi	<u> </u>	Date of Receipt
Mailing Address One Mutual A	Avenue	11 03 7 2008
City	State Zip Code	Transaction ID: 6c8ba6d0c06563888f3
Frankenmuth FEC ID number of contributing federal political committee.	MI 48734	Amount of Each Receipt this Period 39.00
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General	Occupation Vice President Aggregate Year-to-Date ▼	
Other (specify) ▼	895.38	
SUBTOTAL of Receipts This Page	(optional)	98.00
TOTAL This Period (last page this li	ne number only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/50 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual Ins			
Full Name (Last, First, Middle Initial) Fred A. Edmond			Date of Receipt
Mailing Address One Mutual Avenu	ıe		M M / D D / Y Y Y Y
City Frankenmuth	State MI	Zip Code 48734	Transaction ID: b48a9a0020236e701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	407.54	39.00
Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For:	Occupation Vice Pres		
Primary ☐ General Other (specify) ▼		895.38	
Full Name (Last, First, Middle Initial) Nancy Grover			Date of Receipt
Mailing Address 2610 S Arlington N	Mill Dr		10 20 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City Arlington	State VA	Zip Code 22206-3389	Transaction ID: 8a656142debdd3ae9 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer National Association of Mutual Insuran	Occupation Media Re	n elations Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Nancy Grover			Date of Receipt
Mailing Address 2610 S Arlington N	Mill Dr		10 27 2008
City	State	Zip Code	Transaction ID: d0033df8572d80d59
Arlington FEC ID number of contributing federal political committee.	C	22206-3389	Amount of Each Receipt this Period 10.00
Name of Employer National Association of Mutual Insuran Receipt For:		elations Director	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (option	nal)		59.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 50 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
∠ \ .	Full Name (Last, First, Middle Initial) Nancy Grover Mailing Address 2610 S Arlington Mill	Dr		Date of Receipt
	City Arlington	State VA	Zip Code 22206-3389	Transaction ID: c66629385320a82e35 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		n elations Director e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Nancy Grover Mailing Address 2610 S Arlington Mill	Dr		Date of Receipt 1 1 2 1 2 0 0 8
	City	State	Zip Code	Transaction ID: c0f17d184037de59f36
	Arlington	VA	22206-3389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer National Association of Mutual Insuran Receipt For:		elations Director	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) F. Timothy Hegarty Mailing Address 222 Ames Street			Date of Receipt
	City	State	Zip Code	Transaction ID: 3b4ec962cd982c6624
	Dedham FEC ID number of contributing federal political committee.	C	02026-1850	Amount of Each Receipt this Period 400.00
	Name of Employer Norfolk & Dedham Mutual Fire Insurance	Occupatio Presiden	t & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
	SUBTOTAL of Receipts This Page (optional)			420.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
National Association of Mutual Insurar	nce Companies PAC	
Full Name (Last, First, Middle Initial) Marcus E. Hill		Date of Receipt
Mailing Address PO Box 88		10 20 7 2008
City Fort Worth	State Zip Code TX 76101-0088	Transaction ID: 772a85dc79a20b0353c Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 70101-0005	50.00
Name of Employer Agricultural Workers Mutu- al Auto Insur Receipt For:	Occupation President Aggregate Year-to-Date	
Primary General Other (specify) ▼	650.00	
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue		Date of Receipt
		10 20 2008
City	State Zip Code	Transaction ID: a1de9adc82d5c548b49
Frankenmuth	MI 48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.93
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1769.39	
Full Name (Last, First, Middle Initial) David F. Honold		Date of Receipt
Mailing Address One Mutual Avenue		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: be68668868f8fef4885
Frankenmuth	MI 48787-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.93
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Senior Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1769.39	
SUBTOTAL of Receipts This Page (optional)		203.86
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 50 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David F. Honold Mailing Address One Mutual Avenue	,		Date of Receipt
City Frankenmuth FEC ID number of contributing	State MI	Zip Code 48787-0001	1 1 1 7 2 0 0 8 Transaction ID: 3070090f26b1795d77 Amount of Each Receipt this Period 76.93
Receipt For: Primary Other (specify) ▼	Occupation Senior Vi	ce President Year-to-Date ▼ 1769.39	
Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C St NW Ste 540 City	State	Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	C	20001-2102	Amount of Each Receipt this Period
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C St NW			Date of Receipt
Ste 540 City	State	Zip Code	1 0 2 7 2 0 0 8 Transaction ID: 9379b9031f0eb458c2
Washington FEC ID number of contributing federal political committee.	C	20001-2102	Amount of Each Receipt this Period 10.00
Name of Employer National Association of Mutual Insuran	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	l)		96.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 20 / 50 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and address	of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C St NW Ste 540 City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.		20001-2102	Transaction ID: dc950694eb5b3a665b Amount of Each Receipt this Period 10.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year	-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Georgiann Howell Mailing Address 122 C St NW Ste 540 City	State	Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee.	DC C	20001-2102	Amount of Each Receipt this Period
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Aggregate Year	-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700			Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.		Zip Code 46268-0700	Transaction ID: faa6575e1a4fa7e94ee Amount of Each Receipt this Period 13.50
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Assistant to the Aggregate Year		1
SUBTOTAL of Receipts This Page (optional)			33.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 50 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Inst	nd Statements may not be sold or used by any persor the name and address of any political committee to surrance Companies PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700 C	Transaction ID: 41881b771893490e13 Amount of Each Receipt this Period 13.50
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Assistant to the President Aggregate Year-to-Date ▼ 324.00	
Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700 C	Transaction ID: 79e6609722d531862d Amount of Each Receipt this Period 13.50
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Assistant to the President Aggregate Year-to-Date 324.00	
Full Name (Last, First, Middle Initial) Rae Malesh Mailing Address PO Box 68700		Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip Code IN 46268-0700 C	Transaction ID: 169c07311f786d89d12 Amount of Each Receipt this Period 13.50
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Assistant to the President Aggregate Year-to-Date 324.00	
SUBTOTAL of Receipts This Page (optional	l)	40.50

ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copor for commercial p	oied from such Reports and Sta urposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	IMITTEE (In Full) ociation of Mutual Insuranc	ce Compan	ies PAC	
Full Name (Last Brian S. McLeod	, First, Middle Initial)			Date of Receipt
Mailing Address	One Mutual Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Frankenmuth</u>		State MI	Zip Code 48787-0001	Transaction ID: 6635e025e2fbe26469 Amount of Each Receipt this Period
FEC ID number federal political		C		38.47
Name of Emplor Frankenmuth Mince Company Receipt For: Primary Other (spe	General		n sident, Secretary & Treasure Year-to-Date ▼ 884.78	r
Full Name (Last Brian S. McLeod Mailing Address	First, Middle Initial) One Mutual Avenue			Date of Receipt 1 1 0 3 2 0 0 8
City Frankenmuth		State MI	Zip Code 48787-0001	Transaction ID: e3c2d50ebdb9249e1 Amount of Each Receipt this Period
FEC ID number federal political		С		38.47
Name of Emplor Frankenmuth Mace Company Receipt For: Primary Other (spe	General		n sident, Secretary & Treasure Year-to-Date ▼ 884.78	<u>r</u>
Full Name (Last Brian S. McLeod	, First, Middle Initial)			Date of Receipt
Mailing Address	One Mutual Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frankenmuth		State MI	Zip Code 48787-0001	Transaction ID: 9a37a64605dda775e Amount of Each Receipt this Period
FEC ID number federal political		C	1010101	38.47
Name of Emplor Frankenmuth Mince Company Receipt For:	ver utual Insura- General	+	n sident, Secretary & Treasure • Year-to-Date ▼	r
Other (spe			884.78	
SUBTOTAL of Re	ceipts This Page (optional)			115.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any persone name and address of any political committee to ance Companies PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Senior Director - Federal Affairs Aggregate Year-to-Date 480.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Senior Director - Federal Affairs Aggregate Year-to-Date 480.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2102 C Occupation Senior Director - Federal Affairs Aggregate Year-to-Date 480.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 50 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insuran	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Marliss McManus Mailing Address 122 C St NW Ste 540 City Washington FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran	State DC C Occupation Senior D	Zip Code 20001-2102 n irector - Federal Affairs	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) John C. Mitchell Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State NY C Occupatio Director Aggregate	Zip Code 13411-1800 n e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 2 2 0 0 8 Transaction ID: c26d1026a0b0ccd8bc Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Robert A. Nearing Mailing Address 30 Depot Rd City Cochecton FEC ID number of contributing federal political committee. Name of Employer Cochecton Mills Inc. Receipt For: Primary General Other (specify)		Zip Code 12726-5221 n y-Treasurer e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 0 8 Transaction ID: 16f52406ab6d8c9ceat Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional))	770.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
National Association of Mutual Insur	rance Compan	iles PAC	
Full Name (Last, First, Middle Initial) Carl M. Parks Mailing Address 122 C Street Northw	root.		Date of Receipt
Suite 540	ESI		10 20 2008
City	State	Zip Code	Transaction ID: 9d469860b89b716b3
Washington	DC	20001-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.50
Name of Employer National Association of Mutual Insuran	Occupatio Senior V	n ice President-Government A	ffai
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2364.00	
Full Name (Last, First, Middle Initial) Carl M. Parks			Date of Receipt
Mailing Address 122 C Street Northw Suite 540	est		10 27 2008
City	State	Zip Code	Transaction ID: ad6dc6ab71163d7d
Washington	DC	20001-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.50
Name of Employer National Association of	Occupatio		
Mutual Insuran Receipt For:		ice President-Government Afe e Year-to-Date ▼	
Primary General	Aggregate		1
Other (specify) ▼		2364.00	
Full Name (Last, First, Middle Initial) Carl M. Parks	'		Date of Receipt
Mailing Address 122 C Street Northw Suite 540			11 07 7 2008
City Washington	State DC	Zip Code 20001-2102	Transaction ID: f8478b3369c6c1ec5
•		20001-2102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		96.50
Name of Employer National Association of Mutual Insuran	'	ice President-Government A	ffai
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		2364.00	
SUBTOTAL of Receipts This Page (optional)			289.50

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 50 (check only one) X 11a 11b 11c 12
Any information copied from such Re	ports and Statements may not be sold or used by any person using the name and address of any political committee to	13 14 15 16 1
NAME OF COMMITTEE (In Full)	al Insurance Companies PAC	o solicit contributions from such committee.
Full Name (Last, First, Middle Initi Carl M. Parks	al)	Date of Receipt
Mailing Address 122 C Street Suite 540		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State Zip Code DC 20001-2102	Transaction ID: 1bb9a329bc54a824b2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.50
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President-Government A Aggregate Year-to-Date 2364.00	ffai
Full Name (Last, First, Middle Initi David Reddick	<u> </u>	Date of Receipt
Mailing Address 3601 Vincen	nes Road	10 20 2008
City	State Zip Code IN 46268-1154	Transaction ID: 4920ee29ecdc161846
Indianapolis FEC ID number of contributing federal political committee.	IN 46268-1154	Amount of Each Receipt this Period 20.00
Name of Employer National Association of Mutual Insuran	Occupation Associate Director of Public Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00]
Full Name (Last, First, Middle Initi David Reddick	al)	Date of Receipt
Mailing Address 3601 Vincent	nes Road	10 27 2008
City Indianapolis	State Zip Code IN 46268-1154	Transaction ID: 6c14241ff4f2cfefb37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 40200-1134	20.00
Name of Employer National Association of Mutual Insuran	Occupation Associate Director of Public Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page	(optional)	136.50

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/50 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutual Ins	surance Compan	ies PAC	
Full Name (Last, First, Middle Initial) David Reddick			Date of Receipt
Mailing Address 3601 Vincennes R	oad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46268-1154	Transaction ID: 7af4a0b995811e591c
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		e Director of Public Policy Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) David Reddick Mailing Address 3601 Vincennes R	oad		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis	State IN	Zip Code 46268-1154	Transaction ID: 9dab829bb89bf87aee Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70200 1107	20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)		e Director of Public Policy e Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) Liz Reynolds			Date of Receipt
Mailing Address 3933 Victoria Lake	es Drive South		10 20 2008
City Jacksonville	State FL	Zip Code 32226-0710	Transaction ID: beb9a9153a4db75969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32220-0710	10.00
Name of Employer National Association of Mutual Insuran Receipt For:	- ' '	n airs Manager/Southeast Reg e Year-to-Date ▼	jion
Primary General Other (specify) ▼	Aggregate	240.00	
SUBTOTAL of Receipts This Page (option	al)		50.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 50 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Liz Reynolds			Date of Receipt
Mailing Address 3933 Victoria Lake	s Drive South		10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Jacksonville</u>	State FL	Zip Code 32226-0710	Transaction ID: dd8a8dd6a92010653e Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		n airs Manager/Southeast Reg Year-to-Date ▼ 240.00	ion
Full Name (Last, First, Middle Initial) Liz Reynolds Mailing Address 3933 Victoria Lake	s Drive South		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: bdfc684b8acc3dd3438
<u>Jacksonville</u>	FL	32226-0710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼		n airs Manager/Southeast Reg • Year-to-Date ▼ 240.00	ion
Full Name (Last, First, Middle Initial) Liz Reynolds	'		Date of Receipt
Mailing Address 3933 Victoria Lake	s Drive South		1 1 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jacksonville	State FL	Zip Code	Transaction ID: 3d57676308cba80641
FEC ID number of contributing federal political committee.	C	32226-0710	Amount of Each Receipt this Period 10.00
Name of Employer National Association of Mutual Insuran		airs Manager/Southeast Reg	ion
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (options	al)	>	30.00
TOTAL This Period (last page this line num	nber only)	_	

ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29/50 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Mutual Ins	<u>~</u>		
Full Name (Last, First, Middle Initial) Jonathan R. Riekse			Date of Receipt
Mailing Address PO Box 30660			M M / D D / Y Y Y Y Y Y 1 1 1 0 4 2 0 0 8
City Lansing	State MI	Zip Code 48909-8160	Transaction ID: 9ed02c32e7c67b5cet Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Auto-Owners Insurance Com- pany	Occupation	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial) Gerald L. Roach	L		Date of Receipt
Mailing Address PO Box 6927			1 1 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond	State VA	Zip Code 23230-0927	Transaction ID: 7987254a1e2993f3b Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Mutual Assurance Society of Virginia	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Stephanie Sheridan			Date of Receipt
Mailing Address 122 C Street North Suite 540	west		10 20 7 2008
City Washington	State DC	Zip Code 20001-2102	Transaction ID: 14f0a52ff7569f77a1 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200012102	10.00
Name of Employer National Association of Mutual Insuran	Occupation PAC Coc	ordinator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
SUBTOTAL of Receipts This Page (options	I		185.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 50 (check only one) X
Any information copied from such Re or for commercial purposes, other that	ports and Statements may not be sold or used by any per n using the name and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Association of Mutu	al Insurance Companies PAC	
Full Name (Last, First, Middle Initial Stephanie Sheridan	(le	Date of Receipt
Mailing Address 122 C Street Suite 540	Northwest	10 27 2008
City Washington	State Zip Code DC 20001-2102	Transaction ID: a08961350e6669add Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Occupation PAC Coordinator Aggregate Year-to-Date 240.00	
Full Name (Last, First, Middle Initia Stephanie Sheridan Mailing Address 122 C Street	<u></u>	Date of Receipt
Suite 540		11 07 2008
City Washington	State Zip Code DC 20001-2102	Transaction ID: 388133d8f9185a262 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer National Association of Mutual Insuran	Occupation PAC Coordinator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initia Stephanie Sheridan	al)	Date of Receipt
Mailing Address 122 C Street Suite 540	Northwest	11 21 2008
City Washington	State Zip Code DC 20001-2102	Transaction ID: 4bfddf1c5768452de Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20001-2-102	10.00
Name of Employer National Association of Mutual Insuran	Occupation PAC Coordinator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page	(optional)	30.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	llos concrete cohodulo(s)	FOR LINE NUMBER: PAGE 31 / 50 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Insu	d Statements may not be sold or used by any person fithe name and address of any political committee to so	for the purpose of soliciting contributions slicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
Mailing Address PO Box 68700 City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: 6194899186d303deaa
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	Occupation Assistant Vice President - Member Serv Aggregate Year-to-Date ▼ 480.00	,
Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700		Date of Receipt 10 27 2008
City	State Zip Code	Transaction ID: 54c9c03e9c2f868ad7
Indianapolis	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assistant Vice President - Member Serv Aggregate Year-to-Date 480.00	′
Full Name (Last, First, Middle Initial) Kristen Sizelove		Date of Receipt
Mailing Address PO Box 68700		1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 21c404fa74cbf04220l
<u>Indianapolis</u>	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer National Association of Mutual Insuran Receipt For:	Occupation Assistant Vice President - Member Service Aggregate Year-to-Date	,
Primary General Other (specify) ▼	Aggregate Year-to-Date 480.00	
SURTOTAL of Receipts This Page (options)	60.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full) National Association of Mutual	orts and Statements may not be sold or used by any person using the name and address of any political committee to Insurance Companies PAC	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kristen Sizelove Mailing Address PO Box 68700		Date of Receipt
City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: 32a9f09ebac4429ed09 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For:	Occupation Assistant Vice President - Member Se	20.00 erv
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tim F. Sullivan	480.00	Date of Receipt
Mailing Address PO Box 68700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 268b504e779eaa5745
<u>Indianapolis</u>	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer NAMIC Insurance Company, Inc.	Occupation Vice President - Claims	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	
Full Name (Last, First, Middle Initial) Tim F. Sullivan		Date of Receipt
Mailing Address PO Box 68700		10 20 2008
City	State Zip Code	Transaction ID: 57048326c78f82bfc9f
<u>Indianapolis</u>	IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer NAMIC Insurance Company, Inc.	Occupation Vice President - Claims	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	
SURTOTAL of Receipts This Page (o	otional)	75.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) National Association of Mutual Ins	nd Statements may not be sold or used by any person the name and address of any political committee to urance Companies PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Tim F. Sullivan Mailing Address PO Box 68700		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Indianapolis FEC ID number of contributing	State Zip Code IN 46268-0700	Transaction ID: 48cc20cc79c2b9c7ed Amount of Each Receipt this Period 20.00
Receipt For: Primary Other (specify) General	Occupation Vice President - Claims Aggregate Year-to-Date 515.00	
Full Name (Last, First, Middle Initial) Tim F. Sullivan Mailing Address PO Box 68700		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: 8f366ff0c75d6898a9b Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer NAMIC Insurance Company, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Vice President - Claims Aggregate Year-to-Date 515.00	
Full Name (Last, First, Middle Initial) Tim F. Sullivan Mailing Address PO Box 68700	'	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Indianapolis	State Zip Code IN 46268-0700	Transaction ID: f16b1e1c92e9c74bdb Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer NAMIC Insurance Company, Inc. Receipt For:	Occupation Vice President - Claims Aggregate Year-to-Date	
Primary General Other (specify) ▼	515.00	
SURTOTAL of Receipts This Page (option)	al)	60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 50 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) National Association of Mutual Insur	I Statements may not be sold or used by any per he name and address of any political committee rance Companies PAC	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Northeast Re Aggregate Year-to-Date 270.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Northeast Re Aggregate Year-to-Date 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation State Affairs Manager/Northeast Re Aggregate Year-to-Date 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		50.00

Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to sol NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Paul Tetrault Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Cocupation State Affairs Manager/Northeast Region Aggregate Year-to-Date ▼ Primary General Indianapolis IN 46268-0700 City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. C State Affairs Manager/Northeast Region Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pri	Date of Receipt M M M / 21 2008 Transaction ID: 8d1d76ee7ee7d15cc8b Amount of Each Receipt this Period 20.00 Date of Receipt M M M / 20 20 8 Transaction ID: a1a7df79221eee21e7a
A. Paul Tetrault Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ State Zip Code Indianapolis	Date of Receipt M M M / 21
City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼	Transaction ID: 8d1d76ee7ee7d15cc8b Amount of Each Receipt this Period 20.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 City State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Occupation Director of State Affairs Aggregate Year-to-Date ▼ C Cuty State Zip Code IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) Technology Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) Technology Mailing Address PO Box 68700 City State Zip Code IN 46268-0700 City State Zip Code IN 46268-0700 City Cocupation Director of State Affairs Aggregate Year-to-Date Aggregate Year-to-Date Pational Association of Mutual Insuran Receipt For: Primary General Other (specify) Technology Full Name (Last, First, Middle Initial) Joe Thesing	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer National Association of Mutual Insuran Receipt For: Primary	Date of Receipt M
Mutual Insuran Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00 Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Director of State Affairs Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Joe Thesing	10 20 2008 Transaction ID: a1a7df79221eee21e7a
Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing State Zip Code IN 46268-0700 C Aggregate Year-to-Date Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Joe Thesing	10 20 2008 Transaction ID: a1a7df79221eee21e7a
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing Agone 270.00 Caty State Zip Code IN 46268-0700 Caty Code In 4	10 20 2008 Transaction ID: a1a7df79221eee21e7a
Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing	10 20 2008 Transaction ID: a1a7df79221eee21e7a
Mailing Address PO Box 68700 City State Zip Code Indianapolis IN 46268-0700 FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing	10 20 2008 Transaction ID: a1a7df79221eee21e7a
Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Joe Thesing	
FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Joe Thesing	
Name of Employer National Association of Mutual Insuran Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Joe Thesing	Amount of Each Receipt this Period
Mutual Insuran Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Joe Thesing	20.00
Primary General 360.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Joe Thesing	
Joe Thesing	
Mailing Address PO Box 68700	Date of Receipt
	10 27 YYYY 2008
City State Zip Code	Transaction ID: 0546e04c80384c2b8d
Indianapolis IN 46268-0700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	20.00
Name of Employer National Association of Mutual Insuran Occupation Director of State Affairs	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 50 (check only one)
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Mutual Insura			
	Full Name (Last, First, Middle Initial) Joe Thesing			Date of Receipt
	Mailing Address PO Box 68700			11 07 2008
	City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: e5f2d907ce9558c7ce2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer National Association of Mutual Insuran Receipt For: ☐ Primary ☐ General Other (specify) ▼	1	of State Affairs e Year-to-Date ▼ 360.00	
. –	Full Name (Last, First, Middle Initial) Joe Thesing Mailing Address PO Box 68700			Date of Receipt
	City Indianapolis	State IN	Zip Code 46268-0700	Transaction ID: 7d18a2a98e70660e11 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	, '	n of State Affairs e Year-to-Date ▼	20.00
_	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
	Bruce D. Thomas Mailing Address 409 Kenyon Rd			Date of Receipt M M
	City Fort Dodge	State IA	Zip Code 50501-5718	Transaction ID: 0d6099a7e29a945183 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30301-3710	160.00
	Name of Employer Heartland Mutual Insurance Association	Occupatio Presiden	t/CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1630.00	
	SUBTOTAL of Receipts This Page (optional) .		\	200.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	National Association of Mutual Insura	ınce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Bruce D. Thomas			Date of Receipt
	Mailing Address 409 Kenyon Rd			11 14 2008
	City Fort Dodge	State IA	Zip Code 50501-5718	Transaction ID: 3597e16e546aaeca0cc
	FEC ID number of contributing federal political committee.	C	30301-3716	Amount of Each Receipt this Period 160.00
	Name of Employer Heartland Mutual Insurance Association	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1630.00	
В.	Full Name (Last, First, Middle Initial) Randall Trinklein	1		Date of Receipt
	Mailing Address One Mutual Avenue			10 20 2008
	City	State	Zip Code	Transaction ID: 3a70f05be0d375f09af
	Frankenmuth FEC ID number of contributing federal political committee.	C	48734	Amount of Each Receipt this Period 39.00
	Name of Employer Frankenmuth Mutual Insura- nce Company	1	sident of Administration	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 897.00	
С.	Full Name (Last, First, Middle Initial) Randall Trinklein			Date of Receipt
	Mailing Address One Mutual Avenue			1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: c4842a7405056fbb569
	Frankenmuth	MI	48734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer Frankenmuth Mutual Insura- nce Company		sident of Administration	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 897.00	
	SUBTOTAL of Receipts This Page (optional))	238.00
Ì	TOTAL This Period (last page this line numbe	r only)	•	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 50 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	National Association of Mutual Insurar	nce Compar	nies PAC	
Α.	Full Name (Last, First, Middle Initial) Randall Trinklein			Date of Receipt
	Mailing Address One Mutual Avenue			11 17 2008
	City <u>Frankenmuth</u>	State MI	Zip Code 48734	Transaction ID: 48a53a06e6a8917ab93
	FEC ID number of contributing federal political committee.	C	407.54	Amount of Each Receipt this Period 39.00
	Name of Employer Frankenmuth Mutual Insura- nce Company	Occupation Vice Pre	n sident of Administration	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 897.00	
- В.	Full Name (Last, First, Middle Initial) Michael Ulmer			Date of Receipt
	Mailing Address PO Box 68700			10 20 2008
	City	State	Zip Code	Transaction ID: 6f1b9b89134da4c9f82
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 10.00
	Name of Employer National Association of Mutual Insuran	. '	sident-Information Technolog	37
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 240.00	
- C.	Full Name (Last, First, Middle Initial) Michael Ulmer			Date of Receipt
	Mailing Address PO Box 68700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: c04cb826d8f760749fd
	Indianapolis FEC ID number of contributing federal political committee.	C	46268-0700	Amount of Each Receipt this Period 10.00
	Name of Employer National Association of Mutual Insuran	Occupation Vice Pre	n sident-Information Technolog	39
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional)			59.00
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 50 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	Statements may not be sold or used by any personal ename and address of any political committee to ance Companies PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President-Information Technology Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Ulmer Mailing Address PO Box 68700 City Indianapolis FEC ID number of contributing federal political committee. Name of Employer National Association of Mutual Insuran Receipt For: Primary General Other (specify)	State Zip Code IN 46268-0700 C Occupation Vice President-Information Technology Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert A. Wadsworth Mailing Address One Preferred Way City New Berlin FEC ID number of contributing federal political committee. Name of Employer Preferred Mutual Insurance Company Receipt For: Primary General Other (specify)	State Zip Code NY 13411-1800 C Occupation Chairman & CEO Aggregate Year-to-Date 3720.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		55.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 50 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insurar	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) James J. Walsh Mailing Address PO Box 30660 City Lansing FEC ID number of contributing federal political committee. Name of Employer Auto-Owners Insurance Company Receipt For: Primary General		Zip Code 48909-8160 n sident-Claims e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 B.	Full Name (Last, First, Middle Initial) James W. Wilds Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee. Name of Employer Frankenmuth Mutual Insurance Company	State MI C Occupation Senior Vi	Zip Code 48734	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 0 8 Transaction ID: 25798ab123420115d7f Amount of Each Receipt this Period 39.00
_ C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) James W. Wilds Mailing Address One Mutual Avenue City Frankenmuth FEC ID number of contributing federal political committee.	State MI	Zip Code 48734	Date of Receipt 1 1 0 3 2 0 0 8 Transaction ID: aaede7a329070bc34e8 Amount of Each Receipt this Period 39.00
	Name of Employer Frankenmuth Mutual Insura- nce Company Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) FOTAL This Period (last page this line number	Aggregate	ice President P Year-to-Date	103.00

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 41 / 50				
ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the	(check only one) X 11a 11b 11c 12				
		Detailed Summary Page	13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using t							
NAME OF COMMITTEE (In Full)							
National Association of Mutual Insur	ance Compar	ies PAC					
Full Name (Last, First, Middle Initial) James W. Wilds			Date of Receipt				
Mailing Address One Mutual Avenue			1 1 1 1 7 2 0 0 8				
City	State	Zip Code	Transaction ID: 45c1e969bb7b6b7a67e				
Frankenmuth	MI	48734	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		39.00				
Name of Employer Frankenmuth Mutual Insura- nce Company	Occupatio Senior V	n ice President					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 897.00					

SUBTOTAL of Receipts This Page (optional)	•	39.00
TOTAL This Period (last page this line number only)	•	5143.37

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 42/50 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) National Association of Mutual Insurance Companies PAC Full Name (Last, First, Middle Initial) Transaction ID: V48162-3188592791557 NAMIC Advocacy Fund Date of Disbursement 2008 Mailing Address 3601 Vincennes Road City State Zip Code Amount of Each Disbursement this Period Indianapolis IN 46268 3726.83 Purpose of Disbursement Silent Auction 1/3 Rule Reimbursement 001 Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: a021a9f8fcde0f76219 National City Date of Disbursement [™]0 3 1 2008 Mailing Address 1417 W 86th St City State Zip Code Amount of Each Disbursement this Period 46260 Indianapolis IN 297.42 Purpose of Disbursement Bank Fees 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	4024.25
TOTAL This Period (last page this line number only)	•	4024.25

Other (specify)

State:

SCHEDULE B (FEC Form 3X)		rm 3X)	Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE 43 / 50 (check only one)				
IT	EMIZED DISBURSEM	IENTS	for each	category of the Summary Page	21b 27	nly one) 22	26		
						for the purpose of soliciting contributions solicit contributions from such committee			
\rangle	NAME OF COMMITTEE (In Full) National Association of Mutu		Companie	s PAC					
<u></u>	Full Name (Last, First, Middle Init Akaka in 2012	ial)				Transaction ID: 04307-95902651 Date of Disbursement	1548		
	Mailing Address PO Box 31	29				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Y		
	City Honolulu		State HI	Zip Code 96802		Amount of Each Disbursement this Pe	eriod		
	Purpose of Disbursement Contribution Candidate Name				011	1000.00			
	Daniel K. Akaka Office Sought: House	Diehurea	ement For:	2008	Category/ Type	_			
	X Senate President	Disburse	Primary Other (spe	X General					
	State: HI District: Full Name (Last, First, Middle Init Bachmann for Congress	ial)				Transaction ID: 58369-19894045 Date of Disbursement	5591		
	Mailing Address 6053 Huds	on Road Ste 3	360		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Y			
	City Woodbury		State MN	Zip Code 55125		Amount of Each Disbursement this Pe	eriod		
	Purpose of Disbursement Contribution				011	1000.00			
	Candidate Name Michele M. Bachmann				Category/ Type				
	Office Sought: X House Senate President	Disburse	ement For: Primary Other (spe	2008 X General ecify) ▼		_			
	State: MN District: 06 Full Name (Last, First, Middle Init	ial)							
	Barrett for Congress	idi)				Transaction ID: 05332-01903933 Date of Disbursement			
	Mailing Address PO Box 86 PO Box 86	9				10 23 2008			
	City Westminster		State SC	Zip Code 29693		Amount of Each Disbursement this Pe	eriod		
	Purpose of Disbursement Contribution Candidate Name			011	1000.00	-			
	James Gresham Barrett	T .			Category/ Type				
	Office Sought: X House Senate President President	Disburse	ement For: Primary Other (spe	2008 X General ecify) ▼					
1	State: SC District: 03								
l						3000.00			

SCHEDULE B (FEC Form 3X)		-			FOR LINE NUMBER: PAGE (check only one)				AGE 44	44 / 50	
ITI	EMIZED DISE	BURSEMEN	TS		category of the Summary Page	21 27	b 22	X 23 28b	24 28c	25 29	
	/ Information copied or commercial purpo										
· `	NAME OF COMMIT National Associa	, ,	nsurance Co	mpanies	s PAC						
	Full Name (Last, Fir Barrett for Congr							saction II	D: 0068	1-62484	37762
	Mailing Address	PO Box 869 PO Box 869					1 ^M () M / D	27	žoŏ	8 ^Y
	City Westminster			ate C	Zip Code 29693		Amo	ount of Eac	h Disburs		
	Purpose of Disburse Contribution	ement				011				-1000.	00
	Candidate Name James Gresham		1 5			Category Type	/				
		X House Senate President		ent For: Primary Other (spe	2008 X General ecify) ▼						
	State: SC E Full Name (Last, Fir Bob Corker for S						-	saction II	D: 04307	7-65327	09002
	Mailing Address	PO Box 848					1 ^M () M / D	1 7 /	žoŏ	8 Y
	City Chattanooga			ate N	Zip Code 37401		Amo	ount of Eac	h Disburse	ement this	s Period
	Purpose of Disburse Contribution	ement				011	╗┖			2000.	00
	Candidate Name Bob Corker					Category, Type					
		House X Senate President		ent For: Primary Other (spe	2008 General						
	State: TN D Full Name (Last, Fir Carper for Senate	,						saction II	D: 04307 sement	7-69152	46844
	Mailing Address 19 East Commons Blvd S			econd Flo	oor		1 ^M () M / D	1 ^D /	y žoó	8 Y
	City New Castle			ate E	Zip Code 19720		Amo	ount of Eac	h Disburs	ement this	S Period
	Purpose of Disburse Contribution	ement				011	╗┖			2000.	00
	Candidate Name Tom Carper					Category, Type					
	Office Sought:	House X Senate President District:		ent For: Primary Other (spe	2008 X General ecify) ▼						
	State: DE D										

SCHEDULE B (FEC FOIIII 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE (check only one)			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21k 27	22 X 23 28b	24	
	y Information copied from such Reports and State or commercial purposes, other than using the nar						
\rangle	NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC					
<u>/</u>	Full Name (Last, First, Middle Initial) Coburn for Senate 2010				Transaction ID: 04 Date of Disbursemer	4307-78167361021 nt	
	Mailing Address Post Office Box 977				10 17	2000	
	City Muskogee	State Zip Code OK 74402			Amount of Each Disl	bursement this Period	
	Purpose of Disbursement Contribution Candidate Name		_	011 tegory/		2000.00	
	, H	ement For: 2008 Other (specify)	1	Гуре			
	Full Name (Last, First, Middle Initial) Coleman for Senate 08				Date of Disbursemen	8558-7995263934 nt	
	Mailing Address 680 Transfer Road Suite	e A			11 11	2008	
	City St Paul	State Zip Code MN 55114			Amount of Each Disl	bursement this Period	
	Purpose of Disbursement Contribution Candidate Name Norm Coleman		Ca	011 tegory/ Γype]	2000.00	
	Office Sought: House Disburs X Senate President State: MN District: Runof			,, ,,			
	Full Name (Last, First, Middle Initial) Enzi for Us Senate				Transaction ID: 04 Date of Disbursemen	nt	
	Mailing Address PO Box 2775				1 0 M / D 1 7	2008	
	City Cody	State Zip Code WY 82414			Amount of Each Disl	bursement this Period	
	Purpose of Disbursement Contribution]	2500.00	
	Candidate Name Michael B. Enzi			tegory/ Γype			
	Office Sought: House Disburs X Senate President State: WY District:	ement For: 2008 Primary X General Other (specify) ▼	•				
	UBTOTAL of Disbursements This Page (optional					6500.00	

TEMIZED DISBURSEMENT	Use separate schedule(s for each category of the	FOR LINE NUMBER: PAGE 46 / 50 (check only one)			
	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3		
Any Information copied from such Reports a or for commercial purposes, other than using					
NAME OF COMMITTEE (In Full) National Association of Mutual Ins					
Full Name (Last, First, Middle Initial) Gard for Congress			Transaction ID: 10297-32964724302 Date of Disbursement		
Mailing Address PO Box 277			10 17 / 2008		
City Green Bay	State Zip Code WI 54305		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	1000.00		
Candidate Name John G. Gard		Category/ Type			
Office Sought: X House Senate President	Disbursement For: 2008 Primary X General Other (specify) ▼				
State: WI District: 08 Full Name (Last, First, Middle Initial)			50000 4000 45070 4		
Guthrie for Congress			Transaction ID: 58369-1208459734 Date of Disbursement		
Mailing Address PO Box 9639			10 M / D 17 / Y 2008		
City Bowling Green	State Zip Code KY 42102		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	2000.00		
Candidate Name Brett Guthrie		Category/ Type			
Office Sought: X House Senate President State: KY District: 02	Disbursement For: 2008 Primary X General Other (specify)				
Full Name (Last, First, Middle Initial) Johanns for Senate Incorporated			Transaction ID: 04307-4420434832		
Mailing Address 1201 O Street Su	uite 101		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Lincoln	State Zip Code NE 68508		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	2000.00		
Candidate Name Michael O. Johanns		Category/ Type			
Office Sought: House X Senate President	Disbursement For: 2008 Primary X General Other (specify)				
State: NE District:					
			5000.00		

SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 47 / 50
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	heck only one) 21b
Any Information copied from such Reports and State or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	Companies PAC	
Full Name (Last, First, Middle Initial) A. Mark Pryor for Us Senate		Transaction ID: 04307-789486110210 Date of Disbursement
Mailing Address PO Box 2720		10 M / D 7 / Y Y Y 0 8 Y
City Little Rock	State Zip Code AR 72203	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	01	
Candidate Name Mark Lunsford Pryor	Category Typ	
X Senate President	ement For: 2008 Primary General Other (specify)	
State: AR District: Full Name (Last, First, Middle Initial) McConnell Senate Committee '08		Transaction ID: 04307-610134303569 Date of Disbursement
Mailing Address PO Box 1496		10 M / D 17 / Y Y Y 0 8 Y
City Louisville	State Zip Code KY 40201	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	01	
Candidate Name Mitch McConnell	Cateç Typ	·
Office Sought: House Disburs X Senate President State: KY District:	ement For: 2008 Primary X General Other (specify) ▼	
Full Name (Last, First, Middle Initial) McCotter Congressional Committee		Transaction ID: 58369-428310573101 Date of Disbursement
Mailing Address PO Box 530788		10 M / D 7 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Livonia	State Zip Code MI 48153	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	01	1 1000.00
Candidate Name Thaddeus G. McCotter	Cateç Typ	
Office Sought: X House Senate President State: MI District: 11	ement For: 2008 Primary X General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		5500.00
- 3-1 - 11 - 11 - 3 - 3 - 3 - 3 - 3 - 1 - 1		

CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate sched	the (check or	E NUMBER: nly one) 22 X 23 28a 28b	PAGE 48 / 50 24 25 26 28c 29 30b
y Information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Mutual Insura	e name and address of any p	, , ,		ū
Full Name (Last, First, Middle Initial) Missourians for Kit Bond Mailing Address 21 N Meramec 2nd	Floor		Transaction II Date of Disbur	D: 04307-5355035662651 rsement
City St Louis Purpose of Disbursement Contribution Candidate Name Christopher S. Bond Office Sought: House District District	State Zip Code MO 63105 sbursement For: 2008 X Primary Ger Other (specify)	011 Category/ Type	Amount of Eac	ch Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)		1000.00
TOTAL This Period (last page this line number only)	<u> </u>	24000.00

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 49 / 50 (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22		
ny Information copied from such Reports and State r for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full) National Association of Mutual Insurance	· ·				
Full Name (Last, First, Middle Initial) Chambliss Victory Committee			Transaction ID: 08558-4373437762 Date of Disbursement		
Mailing Address 425 Second Street, NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $		
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period		
Purpose of Disbursement Nonfederal Contribution Candidate Name Ontion Category/			2000.00		
Office Sought: House Disburs Senate President	sement For: Primary General Other (specify)	Туре			
State: District: Full Name (Last, First, Middle Initial) Friends of Judge Bill Thompson			Transaction ID: 59123-5536157488 Date of Disbursement		
Mailing Address PO Box 6207			10 M / D 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Montgomery	State Zip Code AL 36106		Amount of Each Disbursement this Period		
Purpose of Disbursement Nonfederal Contribution		011	250.00		
Candidate Name		Category/ Type			
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) Judge Greg Shaw for Supreme Court			Transaction ID: 59123-8525659441 Date of Disbursement		
Mailing Address PO Box 3838			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$		
City Montogmery	State Zip Code AL 36109		Amount of Each Disbursement this Period		
Purpose of Disbursement Nonfederal Contribution Candidate Name		011 Category/	250.00		
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	Туре			
SUBTOTAL of Disbursements This Page (optional)			2500.00		
Copilonal			2500.00		

Image# 28934470050 Form/Schedule: F3X Transaction ID: